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CIRCULAR LETTER NO. 1

## CONSERVATION OF MANPOWER

1. Medical officers in a theater of war exercise an important influence on the fighting strength and on the morale of the command.

2. In combat every effort must be exerted by medical officers to avoid unnecessary evacuation of men with minor injuries or fatigue states. Initiative must be exerted by all echelons of the divisional medical service to provide shelter, rest, food and necessary medical attention close to the front. The seriousness of neuropsychiatric symptoms due to battle must not be over-evaluated. A trial of rest, sedation, encouragement and appeal to the man's pride will save many cases who, once outside of their own division, would rapidly become irreclaimable as combat soldiers. The return of such men to their squads is a stimulus to the morale of both. Their unnecessary evacuation gives those who remain a feeling of injustice done to them and exposes them to the temptation of escaping duty in a like manner.

3. The commanding officers of hospitals are responsible for the disposition made of patients. They must instruct medical officers of their command as to the policy of the War Department relative to the utilization of men with physical or mental defects. The return to the United States of men capable of service in this theater is wasteful and impedes the war effort. It encourages other men to seek return home through medical channels. It fills hospital beds uselessly, in this theater, on ships and in the Zone of the Interior.

4. Hospital commanders must maintain close scrutiny of the recommendations of advisory disposition boards and disapprove those that do not conform with the policy expressed in Circular No. 96, USAFPE, 7 November 1944.

5. The resources of the Medical Department available to meet impending operations in this war are limited. Professional hospital personnel and hospital beds must be utilized to the greatest advantage. Decision as to the disposition of hospital patients should be reached promptly. Those who require evacuation to the United States should be processed for such evacuation as rapidly as is consistent with their welfare. Full use should be made of Training Centers of the Replacement Command for the disposition of those patients who require retraining and physical upbuilding prior to their reassignment. Patients who no longer require active medical care should be moved promptly from ward beds into the convalescent section of the hospital, or be transferred to a convalescent hospital where under medical supervision an active program of reconditioning should be maintained.

ARMY  
MEDICAL

APR 30 1946

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s/ Guy B. Denit.

t/ GUY B. DENIT,

Brigadier General, United States Army,  
Theater Surgeon.

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CIRCULAR LETTER NO. 1



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